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SUPPLEMENT 3 TO ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WISCONSIN

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

HCFA-179 # 85-0154 Date Rec'd 8/19/85
Supersedes ? Date Appr. 9/10/85
State Rep. In. _____ Date Eff. 7/1/85

TN No. _____
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TN No. _____

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Effective Date _____

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